

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Fletcher Allen Health Care. (hereafter called the "Grantee") that the grant on the subject of Fletcher Allen Health Care Congestive Heart Failure Program, effective September 1, 2012, is hereby amended effective December 1, 2012 as follows:

1. By deleting on page 1 of 23, Section 8 (Contact Persons for this Award) and substituting in lieu thereof the following Section 8:

8. Contact Persons for this Award:

	<u>For the State</u>	<u>For the Grantee</u>
Name:	Emily Trantum	Allen Mead
Phone #:	802-879-5946	802-847-5877
E-mail:	emily.trantum@state.vt.us	allen.mead@vtmednet.org

2. By deleting on page 3 of 23, Attachment A, General Purpose Statement, and substituting in lieu thereof the following General Purpose Statement:

GENERAL PURPOSE STATEMENT

The State is granting \$115,000 to Fletcher Allen Health Care (known hereafter as the "Grantee") to disseminate the best practices in the treatment of congestive heart failure (CHF) in the State of Vermont. To that end, the Grantee will dedicate staff to the education of local practitioners and Community Health Teams (CHT) statewide, provide some direct care coordination to CHF patients, and facilitate refinement and implementation of tracking of CHF patients through the use of the Covisint DocSite central clinical registry.

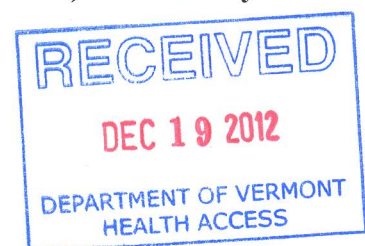
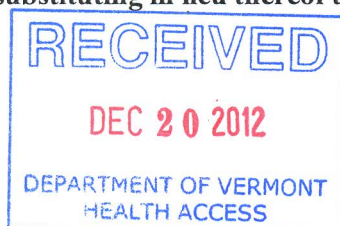
3. By deleting on pages 4 of 23, Attachment A (Specification of Work to Be Performed), Section 3e, and substituting in lieu thereof the following Section 3e:

e. Continued monitoring and tracking of 4PatientCare system for current users through December 1, 2012.

4. By deleting on pages 4 of 23, Attachment A (Specification of Work to Be Performed), Section 6, and substituting in lieu thereof the following Section 6:

6. Grantee may invoice the State for up to \$10,650 for purchase, with approval of the Blueprint Associate Director, of materials, including but not limited to HealthDialogTM Decision Aids.

5. By deleting beginning on page 6 of 23, Attachment B (Payment Provisions) in its entirety and substituting in lieu thereof the following Attachment B:



ATTACHMENT B
PAYMENT PROVISIONS

The Grantee will invoice the State on a monthly basis, for the previous month's actual and approved expenditures using the State's DVHA Financial Report Form (Attachment H) minus 10% withhold per quarter. Monthly invoicing in arrears will continue through the life of the grant. Upon satisfactory quarterly completion of all deliverables listed below, the remaining 10% will be paid to the grantee. The maximum payable amount under this Grant shall not exceed \$115,000.00.

Quarterly program reports will be due on December 1, 2012, March 1, 2013, and May 1, 2013. A final program and financial report will be due on October 1, 2013. Reports should include a narrative of program achievements and data reports as below:

- Physician CHF presentation to each HSA (14)
- Nurse Practitioner CHF presentation to each HSA (14)
- Monthly webinar or conference call attendance list and minutes
- Follow up Nurse Practitioner visits to HSAs (which communities and how often at the request of the State's Blueprint Associate Director)
- Nurse Practitioner documentation of APRN student supervision
- Nurse Practitioner documentation of APRN work towards and successful completion of project (delivery of paper)
- CHF NCC documentation of delivery of care management support
- CHF NCC documentation of care management support for HSA CHTs
- CHF NCC documentation of use of Covisint DocSite clinical tracking system and in PRISM
- CHF NCC documentation of continued monitoring of 4PatientCare users through December 1, 2012
- CHF NCC documentation of monitoring of FAHC MyHealth users
- CHF NCC documentation of coordination with Nurse Practitioner's activities
- Participation in and sign off on refinement of Covisint DocSite CHF measure set (physician, Nurse Practitioner and NCC)
- Documentation of approved use and outcomes of CHF continuing education for NP, NCC and/or APRN student
- Documentation of approved use and outcomes of patient educational materials and brochures

All approved travel and meal expenses will be reimbursed at the State's travel rates and guidelines as outlined in Vermont Bulletin 3.4. The most current rates for mileage and meals can be found at http://humanresources.vermont.gov/benefits/expense_reimbursement_rates. The "Claims submitted after 60 days will not be paid unless approved by the Commissioner" statement in Vermont Bulletin 3.4 does not apply to this grant agreement.

Any overpayment of expenses will be returned to the State no later than 60 days after the end of the grant term.

STATE OF VERMONT
GRANT AMENDMENT
FLETCHER ALLEN HEALTH CARE

PAGE 3 OF 5
GRANT #: 03410-6106-13
AMENDMENT # 1

The State will pay monthly invoices of actual expenses upon receipt of the DVHA Financial Report Form (Attachment H) with documentation of expenses and all other required reports in Attachment B.

Grantee agrees to provide the State all meeting minutes associated with the Blueprint for Health initiative during the grant time period.

All reports related to this grant should be submitted in electronic format. Reports should reference this grant number and be submitted to:

Associate Director, VT Blueprint for Health
Department of Vermont Health Access
312 Hurricane Lane
Suite 201
Williston, Vermont 05495-2806
lisa.watkins@state.vt.us

An electronic copy of all reports and a **hard copy of invoices with original signature** should be sent to:

Grants Manager, Business Office
Department of Vermont Health Access
312 Hurricane Lane
Suite 201
Williston, Vermont 05495-2806
emily.trantum@state.vt.us

Approved Budget for SFY 2013:

Department of Vermont Health Access		
Financial Report Form		
Original Budget		
Grantee Name:		Grant Number
Fletcher Allen Health Care		03410-6106-13
Grantee's/Contractor's Contact Person: Allen Mead		
Quality Consultant FAHC		
Grantee's/Contractor's Email	allen.mead@vtmednet.org	
Address: 217 FL3, 111 Colchester Ave. Burlington, VT 05401		Phone: 802-847-5877
	TOTAL GRANT BUDGET	FOCUS AREA
PERSONNEL		
Salaries and Benefits		
0.5 CHF Nurse Care Coordinator	\$50,300	Care coordination
0.2 Nurse Practitioner	\$28,000	Outreach, education, care delivery
0.2 Medical Assistant	\$8,650	Data entry
Total Personnel	\$86,950	Salary and Fringe
OPERATING		
Advertising/Marketing	\$2,000	Brochures for HSAs
Training	\$5,000	CHF Training Opportunities
Travel	\$3,500	Mileage to HSAs, meals
Postage		
Supplies/Materials	\$10,650	Tools for patients
Printing		
Other- IT		
Total Operating	\$21,150	
INDIRECT COSTS/ADMIN	\$6,900	Administrative Support
Total Administration	\$6,900	
TOTAL GRANT AMOUNT	\$115,000	

STATE OF VERMONT
GRANT AMENDMENT
FLETCHER ALLEN HEALTH CARE

PAGE 5 OF 5
GRANT #: 03410-6106-13
AMENDMENT # 1


This amendment consists of 5 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (# 03410-6106-13) dated September 1, 2012 shall remain unchanged and in full force and effect.

STATE OF VERMONT

DEPARTMENT OF VERMONT HEALTH ACCESS

GRANTEE

NAME

12.21.12

MARK LARSON, COMMISSIONER

DATE

12/11/12

PAUL A. TAHERI, PRESIDENT

DATE